Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FFE and FUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Putent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) US ARMY SOLDIER AND BIOLOGICAL CHEMICAL COMMAND

OFFICE OF THE CHIEF COUNSEL/IP TRANSPORTED E4435)

5183 BLACKHAWK ROAD

OZIG/2011

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FFH address above, or being focusinile transmitted to the USPTO (571) 273-2885, on the date indicated below. 02/16/2011 APG, MD 21010-5424 Vicki A. Upchurch (Depositor's name Descri <u>February 18, 2011</u> ATTORNEY DOCKET NO. CONFIRMATION NO FILING DATE FIRST NAMED INVENTOR APPLICATION NO. Corey M. Grove DAM 557-01 11/19/2001 09/992.684 TITLE OF INVENTION: MODULAR HELMET-MASK ASSEMBLY

	SMALL ENTITY	ISSUE PEE DUK	PUBLICATION FEE DUB	PREV. PAID ISSUE FEE	TOTAL FEE(\$) DUE	DATEDUE
nonprovisional	NO	\$1510	\$0	\$0	\$1510	05/16/2011
EXAMINER		ART UNIT	CLASS-SUBCLASS			
MENDOZA, MICHAEL G · 3734		128-206210				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered alterney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
(A) NAME OF ASS of Americ	nless in assignce is iden thin 37 CFR 3.11. Com IGNEE The Unit a as Represent of the Army	ed States	data will appear on the p IT a substitute for filing an (B) RESIDENCE: (CITY Washingto	and STATE OR COUNT	dentified below, the doc	iment has been lifed to
=		r categories (will not be p	orinted on the patent):	Individual Curporat	ion or other private group	entity 🛮 Government
Please check the approp	riate assignee category of are submitted: No small entity discount	4	ib. Payment of Fcc(s): (Plea	nse first reapply any pre	viously paid issue fee sh	own above)
Please check the upprop 4n. The following fee(s	oriate assignee category of are submitted: No small entity discount # of Copies 6 utus (from status indicate ms SMALL ENTITY states)	permitted) ed above) tus, See 37 CFR 1.27.	th. Payment of Fcc(s): (Plea A check is enclosed. Payment by credit cat The Director is horeby overpayment, to Depo	rd, Form PTO-2038 is atta y authorized to charge the sait Account Number 1.9	ched. required fee(s), any defle -2201 (enclose an o	own above) siency, or credit any extra copy of this form).
Please check the upprop 4n. The following fee(s	oriate assignee category of are submitted: No small entity discount # of Copics 6 utus (from status indicate ms SMALL ENTITY stated and Publication Fee (if production Fee (if product	permitted) ed above) tus, See 37 CFR 1.27.	ib. Payment of Fcc(s): (Plea A check is enclosed. Payment by credit cat The Director is horeby overpayment, to Depo	rd, Form PTO-2038 is atta y authorized to charge the sait Account Number 1.9	ched. required fee(s), any defle -2201 (enclose an o	own above) siency, or credit any extra copy of this form).

businessing the complete application form to the USF10. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.